



OGCC FORM 4
Rev. 1/78

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE			
ET	FE	UC	SE

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.

RECEIVED

5. LEASE DESIGNATION & SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JUN 26 1989

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

COLO. OIL & GAS CONSERV. COMM. SAND UNIT

2. NAME OF OPERATOR
Poncho Production Company

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
10675 HOBBIT LANE WESTMINSTER, CO 80030

9. WELL NO.

6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Poncho

2126 FEL, 759 FNL
At proposed prod. zone
SAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NW 1/4 34-35-59W

14. PERMIT NO.
71-783 / 05-001-6372

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY

Adams

13. STATE

CO

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>STATUS</u>	<input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

18. Date of work JUNE 25, 1989

* Must be accompanied by a cement verification report.

Well REMAINS SHUT-IN. THERE IS NO TUBING IN THE WELL AND NO INJECTION LINE EXISTS WHICH IS TIED INTO THE UNIT INJECTION SYSTEM.

IMMEDIATE PLANS TO SWAB TEST WELL FOR POTENTIAL PRODUCTION EXIST. IF RATES ARE HIGH AND OIL CUT IS LOW, WE WILL CONTACT THE COGCC TO ARRANGE FOR RETURNING WELL TO INJECTION.

19. I hereby certify that the foregoing is true and correct

PRINT ROBERT L. VALIAYIA - SAN JACINTO ENERGY, LTD.

SIGNED [Signature] TITLE AGENT DATE JUNE 25, 1989

(This space for Federal or State office use)

SR. PETROLEUM ENGINEER
O & G Cons. Comm

JUL 06 1989

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.